## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10713954

| CLAIMS AS FILED - PART I<br>(Column 1)                   |  |   |                          |                                |              | (Column 2)       |       | SMALL ENTITY TYPE |                        |             | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|--|---|--------------------------|--------------------------------|--------------|------------------|-------|-------------------|------------------------|-------------|-------------------------------|------------------------|--|
| TO   | TAL CLAIMS   |   | 20                       |                                |              |                  |       | RATE              | FEE                    |             | RATE                          | FEE                    |  |
| FC   | PR   |   | NUMBER FILED             |                                | NUMBER EXTRA |                  | В     | ASIC FEE          | 385.00                 | OR          | BASIC FEE                     | 770.00                 |  |
| TC   | TAL CHARGEA  | BLE CLAIMS                                | <b>&amp;</b> ○ minus 20= |                                | *            |                  |       | X\$ 9=            |                        | OR          | X\$18=                        |                        |  |
| INE  | EPENDENT CL  | AIMS                                      |                          |                                | *            |                  |       | X43=              | ,                      | OR          | X86=                          |                        |  |
| ML   | ILTIPLE DEPEN  | IDENT CLAIM PI                            | RESENT                   |                                |              |                  |       | 115               |                        |             | - 000                         |                        |  |
| * If the difference in column 1 is less than zero, enter |  |   |                          |                                | "0" in c     | column 2         | L     | +145=             |                        | OR          | +290=                         | 776                    |  |
| •••  |  |   | NENDED - PART II         |                                |              |                  | TOTAL |                   | OR                     | TOTAL OTHER | THAN                          |                        |  |
|  | C  | LAINIS AS A<br>(Column 1)                 |                          |                                |              | (Column 3)       | 5     | SMALL ENTITY      |                        |             | SMALL E                       |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |             | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                    | **                             |              | =                |       | X\$ 9=            |                        | OR          | X\$18=                        |                        |  |
|  | Independent  | *   | Minus                    | ***                            |              | =                |       | X43=              |                        | OR          | X86=                          |                        |  |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                          |                                |              |                  |       | +145=             |                        | OR          | +290=                         |                        |  |
| ٠.   |  |   |                          |                                |              |                  |       | TOTAL             |                        |             | TOTAL                         |                        |  |
| ••   | * (Column 1) (Column 2) (Column 3)   |   |                          |                                |              |                  |       | DIT. FEE          |                        |             | ADDIT. FEE                    |                        |  |
|  |  | (Column 1) CLAIMS                         | 1                        | HIGH                           | EST          | (Column 3)       |       | <del></del>       | ADDI-                  |             |                               | ADDI-                  |  |
| NT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                          | PREVIO                         | DUSLY        | PRESENT<br>EXTRA |       | RATE              | TIONAL                 |             | RATE                          | TIONAL                 |  |
| AMENDMENT B  | Total  | *   | Minus                    | **                             |              | =                |       | X\$ 9=            |                        | OR          | X\$18=                        |                        |  |
|  | Independent  | *   | Minus                    | ***                            |              | =                |       | X43=              |                        | OR          | X86=                          |                        |  |
| •  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                          |                                |              |                  |       |                   |                        |             |                               |                        |  |
|  |  |   |                          |                                |              |                  |       | +145=             |                        | OR          | +290=                         |                        |  |
|  |  |   |                          |                                |              |                  |       | TOTAL<br>DIT. FEE |                        | OR          | TOTAL<br>ADDIT. FEE           |                        |  |
|  |  |   |                          |                                |              |                  |       |                   |                        |             |                               |                        |  |
| AWENDWENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |             | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | <b>*</b>                                  | Minus -                  | **                             |              | =                |       | X\$ 9=            |                        | OR          | X\$18=                        |                        |  |
| ME   | Independent  | *   | Minus                    | ***                            |              | =                |       | X43=              |                        | OR          | X86=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                          |                                |              |                  |       |                   |                        |             |                               |                        |  |
| ٠ ـ ـ  | fabrana t  |   |                          | 0                              | . 40# !      | luma 0           |       | +145= :           |                        | OR          | +290=                         |                        |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                          |                                |              |                  |       |                   |                        |             |                               |                        |  |